Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/640230

| . ~~   |                      |   | SMALL ENTITY TYPE OF               |   |                    | OTHER THAN R SMALL ENTITY |                    |                        |              |                     |                        |
|--|----------------------|---|------------------------------------|---|--------------------|---------------------------|--------------------|------------------------|--------------|---------------------|------------------------|
| FO   | R                    | NUMBE                                     | Plumn 1) (Colu<br>R FILED NUMBER I |   | XTRA               | ſ                         | RATE               | FEE                    |              | RATE                | FEE                    |
| BA   | SIC FEE              |   |                                    |   |                    |                           |                    | 345.00                 | OR           |                     | 690.00                 |
| то   | TAL CLAIMS           | 17  | 7 minus 20                         | )= •  |                    | X\$ 9=                    |                    | OR                     | X\$18=       |                     |                        |
| INDEPENDENT CLAIMS S minus 3 = *   |                      |   |                                    |   |                    |                           | X39=               |                        | OR           | X78= 1              |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                      |   |                                    |   |                    |                           | +130=              | _                      | OR           | +260=               |                        |
| * If   | the difference i     | n column 1 is le                          | ess than zer                       | Ľ   | TOTAL              | 3/15                      | OR                 | TOTAL                  |              |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |                      |   |                                    |   |                    |                           |                    | NTITY                  | OR           | OTHER<br>SMALL E    | 1                      |
| ENTA   |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   |                           | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| 202  | Total                | ·12                                       | Minus                              | :<br>9                                      | =                  |                           | X\$ 9=             |                        | OR           | X\$18=              | ·                      |
| AMENDMENT  | Independent          |   | Minus                              | 3   | =                  |                           | X39=               |                        | OR           | X78=                |                        |
|  | FIRST PRESE          | NTATION OF MU                             | ILTIPLE DEP                        | ENDENT CLAIM                                |                    |                           | +130=              |                        | OR           | +260=               |                        |
|  |                      |   |                                    | <u>[</u>                                    | TOTAL<br>DDIT. FEE |                           | OR                 | TOTAL<br>ADDIT. FEE    |              |                     |                        |
|  |                      | (Column 1)                                |                                    |   |                    |                           | _                  |                        |              |                     |                        |
| AMENDMENT B  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   |                           | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                | . 2                                       | Minus                              | <del></del> 20                              | =                  |                           | X\$ 9=             |                        | OR           | X\$18=              |                        |
|  | Independent          | • 2                                       | Minus                              | *** 3<br>PENDENT CLAIM                      | =                  |                           | X39=               |                        | OR           | X78≃                |                        |
|  | FINST PHESE          | NIATION OF MIC                            | CHIPCE DEF                         | ENDEN: OCAIM                                |                    |                           | +130=              |                        | OR           | +260=               |                        |
|  |                      |   |                                    |   |                    | <u>۔</u><br>م             | TOTAL<br>ODIT. FEE |                        | OR           | TOTAL<br>ADDIT, FEE |                        |
|  |                      | (Column 1)                                |                                    | จ   |                    |                           | _                  |                        |              |                     |                        |
| AMENDMENT C  | *                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   |                           | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                | .12                                       | Minus                              | . 20  | = ~                |                           | X\$ 9=             |                        | OR           | X\$18=              |                        |
|  | Independent          | ·   | Minus                              | 3   | =                  | <b> </b>                  | X39=               |                        | OR           | X78=                |                        |
|  | FIRST PRESE          | NTATION OF MI                             | JLTIPLE DEF                        | PENDENT CLAIM                               |                    | ▋▐                        | +130=              |                        |              | +260=               |                        |
|  | If the entry in colu | mn 1 is less than th                      | ne entry in colu                   |   | +130=              |                           | OR                 | TOTAL                  | <del> </del> |                     |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |   |                                    |   |                    |                           |                    |                        |              |                     |                        |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

**Application or Docket Number** 09/640230

|  |  | IMS AS    | S FILED .                  |                                      | 0.10.         |   |                                  |                 |                    |                 |                            |                     |                 |
|--|--|-----------|----------------------------|--------------------------------------|---------------|---|----------------------------------|-----------------|--------------------|-----------------|----------------------------|---------------------|-----------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |           |                            |                                      |               |   |                                  |                 | SMALL<br>TYPE      |                 | OTHER THAN OR SMALL ENTITY |                     |                 |
| FOR  |  |           | NUMBER FILED               |                                      | NUMBER EXTRA  |   | 1 6                              | RATE            | FEE                | 7<br>7 1        | RATE                       |                     |                 |
| BASIC FEE  |  |           |                            |                                      |               |   |                                  |                 |                    |                 |                            | DATE                | FEE             |
| TC   | TAL CLAIMS   |           | minus 20= *                |                                      |               |   |                                  | ŀŀ              |                    | <u> </u>        | OR                         |                     |                 |
| -  |  |           |                            |                                      |               | · ·                                       |                                  |                 |                    |                 | OR                         | İ                   |                 |
|  | DEPENDENT CI   |           |                            | minus                                | 3 =           | *   |                                  |                 |                    | l               | OR                         |                     |                 |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |           |                            |                                      |               |   |                                  |                 |                    |                 |                            |                     |                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |           |                            |                                      |               |   |                                  | L               | TOTAL              |                 | OR                         |                     |                 |
|  |  |           |                            |                                      |               |   |                                  |                 | TOTAL              | L               | OR                         | TOTAL               |                 |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |           |                            |                                      |               |   |                                  | SMALL ENTITY OR |                    |                 | OTHER THAN SMALL ENTITY    |                     |                 |
| <b>AMENDMENT A</b>   | n  |           | AIMS<br>IAINING            |                                      |               | HIGHEST<br>NUMBER                         | PRESENT                          |                 |                    | ADDI-           | ]                          |                     | ADDI-           |
|  | U  |           | FTER<br>NOMENT             |                                      |               | REVIOUSLY<br>PAID FOR                     | EXTRA                            |                 | RATE               | TIONAL<br>FEE   |                            | RATE                | TIONAL          |
| EDW<br>EDW   | Total  | *         | 12                         | Minus                                | **            | 20  | E                                |                 |                    |                 |                            |                     |                 |
| MEP  | Independent  | *         | 3                          | Minus                                | 44            | • 3                                       | =                                | <b> </b>        |                    |                 | OR                         | <del></del>         |                 |
| A  | FIRST PRESE  | NTATIO    | ON OF MI                   | JLTIPLE DEI                          | PEN           | DENT CLAIM                                |                                  |                 |                    |                 | OR                         |                     |                 |
|  | , ,  |           |                            |                                      |               |   |                                  | .               |                    | -               | OR                         |                     |                 |
|  |  | •         |                            |                                      | ٠             |   |                                  | <u>د</u><br>۵   | TOTAL<br>DDIT. FEE |                 | OR                         | TOTAL<br>ADDIT. FEE |                 |
|  |  |           | umn 1)                     |                                      | (0            | Column 2)                                 | (Column 3)                       |                 | ·                  |                 | • . •                      | - CONTRACTOR        |                 |
| B  | •  |           | AIMS<br>IAINING            |                                      |               | HIGHEST<br>NUMBER                         | PRESENT                          | Г               |                    | ADDI-           |                            |                     | ADDI-           |
| <b>AMENDMENT</b>   |  | Al        | FTER<br>NDMENT             |                                      | PI            | REVIOUSLY<br>PAID FOR                     | EXTRA                            |                 | RATE               | TIONAL          |                            | RATE                | TIONAL          |
|  | Total  | *         | · ·                        | Minus                                | **            | PAID FOR                                  |                                  | -               |                    | FEE             |                            |                     | _FEE_           |
| MEN  | Independent  | *         |                            | Minus                                | **            |   |                                  |                 |                    |                 | OR                         |                     |                 |
| A  | FIRST PRESE  | NTATIO    | ON OF MU                   | JLTIPLE DEI                          | PEN           | DENT CLAIM                                | <u>'</u>                         |                 |                    |                 | OR                         |                     |                 |
|  |  |           |                            |                                      |               |   |                                  |                 | •                  |                 | OR                         |                     |                 |
|  | (Column 1) (Column 2) (Column 3)                                   |           |                            |                                      |               |   |                                  |                 | TOTAL              |                 |                            | TOTAL               |                 |
|  |  |           |                            |                                      |               |   |                                  |                 | DDIT. FEE          |                 | 1011                       | ADDIT. FEE          |                 |
| ,  |  | CL        | AIMS                       |                                      |               | HIGHEST                                   | (Column 3)                       | _               |                    | ADDI            |                            |                     | 4551            |
| 5  | ŕ  | AF        | AINING<br>TER              |                                      |               | NUMBER<br>REVIOUSLY                       | PRESENT<br>EXTRA                 |                 | RATE               | ADDI-<br>TIONAL |                            | RATE                | ADDI-<br>TIONAL |
| ME   |  | AMEN      | IDMENT                     |                                      |               | PAID FOR                                  |                                  | L               |                    | FEE             |                            | , , , , , ,         | _FEE_           |
| Q.   | Total  | *         |                            | Minus                                | **            | ·   | = .                              |                 |                    |                 | OR                         |                     |                 |
| AMENDMENT  | Independent  | *         |                            | Minus                                | ***           |   | =                                | -               |                    | •               |                            |                     |                 |
|  | FIRST PRESE  | NTATIC    | ON OF ML                   | ILTIPLE DEF                          | PENC          | DENT CLAIM                                |                                  | -               |                    |                 | OR                         |                     |                 |
|  | f the entry to selve   | nn 4 la l | oon than #                 | <b> </b>                             |               | <b>u</b>                                  |                                  |                 |                    |                 | OR                         |                     |                 |
|  | f the entry in colur<br>if the "Highest Nur<br>if the "Highest Nur | nber Pre  | vlousty Pa                 | id For IN THE                        | S SPA         | CF k lace that                            | 20 enter *20 *                   | <br>Al          | TOTAL<br>DOIT, FEE |                 | OR                         | TOTAL<br>ADDIT: FEE |                 |
|  | if the "Highest Nur<br>The "Highest Num                            | ber Prev  | eviously Pak<br>Mously Pak | uci i-or" (N THI<br>1 For" (Total or | S SP/<br>Inde | <b>VCE is less tha</b><br>pendent) is the | n 3, enter "3."<br>highest numbe |                 |                    | ropriate bo     |                            |                     |                 |